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(Reques	stor's Name)	<u> </u>
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(City/Sta	ite/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Busines	ss Entity Name)
(Docum	ent Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Filing	g Officer;	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Trans Party L. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Franstrick Francis Name of Person
Firm/Company
2800 W Oakland Pork
Caxland Park F1 33311 City/State and Zip Code
E-mail address: (to be used for future-dinnual report notification)
For further information concerning this matter, please call:
Transtriale Francis at (501) 351-1967 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25,00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	y appears on our records.)
The Articles of Organization for this Limited Liability Company were filed Florida document number 2000/07/84.	(1)0 1000
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	~ <u>.</u>
(Principal office address MUST BE A STREET ADDRESS)	
	,
	. 3
Enter new mailing address, if applicable:	. 7
(Mailing address MAY BE A POST OFFICE BOX)	្សា
Multing dudress MAT BE ATOST OFFICE BOAT	:0
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	n our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	nter Florida street address
	, Florida
City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
<u> </u>			
			□Remove
			Change
			□Add
			□Remove
			□ Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			□ Remove

If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	EIN-992178921
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F ffect	ive date, if other than the date of filing: (optional)
Note:	ive date, if other than the date of filing:
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	··
	Signature of a member or authorized representative of a member
	Franklich Francis